		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042192

Facility Name: Alden Orland Park Rehab & Health Care Center

Address: 16450 South 97th Ave. (Number) Orland Park (City) 60462 (Zip Code)

County: Cook

Telephone Number: (708) 403-6500 **Fax #** (708) 873-9774

IDPA ID Number: 36-3901683

Date of Initial License for Current Owners: 01/08/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Steven M. Kroll
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,000	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	200	TOTALS	200	73,000	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	1,096	11,394	11,327	23,817	8
9	SNF/PED					9
10	ICF	2,975	23,254	255	26,484	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,071	34,648	11,582	50,301	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.91%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 1/19/98

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 6/1/98 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 96 and days of care provided 11,267

Medicare Intermediary AdminiStar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Ce # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	563,735	67,554		631,289	831	632,120		632,120			1
2	Food Purchase		433,297		433,297	(24,313)	408,984	(14,090)	394,894			2
3	Housekeeping	218,209	38,801		257,010	331	257,341		257,341			3
4	Laundry	81,586	14,250		95,836	362	96,198		96,198			4
5	Heat and Other Utilities			192,658	192,658		192,658		192,658			5
6	Maintenance	59,268		175,125	234,393	283	234,676	13,065	247,741			6
7	Other (specify):*											7
8	**TOTAL General Services**	922,798	553,902	367,783	1,844,483	(22,506)	1,821,977	(1,025)	1,820,952			8
	B. Health Care and Programs											
9	Medical Director			22,800	22,800		22,800		22,800			9
10	Nursing and Medical Records	2,285,075	105,914	4,567	2,395,556	8,091	2,403,647	(18,684)	2,384,963			10
10a	Therapy	56,755			56,755		56,755		56,755			10a
11	Activities	105,580	2,474	1,772	109,826	256	110,082		110,082			11
12	Social Services	64,432		31	64,463		64,463		64,463			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,511,842	108,388	29,170	2,649,400	8,347	2,657,747	(18,684)	2,639,063			16
	C. General Administration											
17	Administrative	183,926			183,926		183,926		183,926			17
18	Directors Fees											18
19	Professional Services			930,026	930,026		930,026	(901,175)	28,851			19
20	Dues, Fees, Subscriptions & Promotions			41,579	41,579		41,579	(17,907)	23,672			20
21	Clerical & General Office Expenses	446,539	29,044	46,493	522,076	333	522,409	63,391	585,800			21
22	Employee Benefits & Payroll Taxes			551,273	551,273	13,826	565,099	64,026	629,125			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,380	4,380		4,380	11,041	15,421			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			105,863	105,863		105,863	1,871	107,734			26
27	Other (specify):*			98,882	98,882		98,882	(98,882)				27
28	**TOTAL General Administration**	630,465	29,044	1,778,496	2,438,005	14,159	2,452,164	(877,635)	1,574,529			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,065,105	691,334	2,175,449	6,931,888		6,931,888	(897,344)	6,034,544			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center #0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			39,755	39,755		39,755	403,893	443,648			30
31	Amortization of Pre-Op. & Org.							10,580	10,580			31
32	Interest			243,368	243,368		243,368	724,180	967,548			32
33	Real Estate Taxes							476,028	476,028			33
34	Rent-Facility & Grounds			2,017,234	2,017,234		2,017,234	(2,016,672)	562			34
35	Rent-Equipment & Vehicles			11,961	11,961		11,961	20,966	32,927			35
36	Other (specify):*							72,411	72,411			36
37	**TOTAL Ownership**			2,312,318	2,312,318		2,312,318	(308,614)	2,003,704			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		432,421	1,427,964	1,860,385		1,860,385	(780,890)	1,079,495			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			109,500	109,500		109,500		109,500			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		432,421	1,537,464	1,969,885		1,969,885	(780,890)	1,188,995			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,065,105	1,123,755	6,025,231	11,214,091		11,214,091	(1,986,848)	9,227,243			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	2,145	30		9
10	Interest and Other Investment Income	(863)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(11,880)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,039)	32		18
19	Entertainment				19
20	Contributions	(5,690)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(98,882)	27		24
25	Fund Raising, Advertising and Promotional	(10,285)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(3,018)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (132,512)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,148,880)	PG 6'S	34
35	Other- Attach Schedule	(705,456)	PG 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,854,336)		36
37	**TOTAL ADJUSTMENTS (A) and (B)) (sum of SUBTOTALS**	$ (1,986,848)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Orland Park Rehab & Health Care Center

ID# 0042192

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Midwest suburban prior year expense adjustment	$ 1,622	20	1
2	Delete non-allowable marketing fee (gl 5755)	(2,708)	19	2
3	Illinois healhtcare association - pac fees backed out	(804)	20	3
4	back out related party (Ams)interest expense gl 7108	(37,650)	32	4
5	back out related party (Assoc)interest expense gl 7111	(194,259)	32	5
6	back out s/holder interest gl 7112	(7,420)	32	6
7	adj insurance cost to actual ($29*200 beds)	(5,800)	26	7
8	non-cost: hmo nursing supply (gl 5026)	(11,999)	39	8
9	non-cost: hmo drugs supply (gl 5042)	(59,315)	39	9
10	non-cost: hmo therapy (gl 5040)	(372,538)	39	10
11	non-cost:part b therapy c/a's in 5212/5213/5214	(13,276)	39	11
12	non-cost: hmo isolation c/a (gl 5093)	(5,770)	39	12
13	adj deprec expense to actual 2001 cost	585	30	13
14	non-cost: hmo c/a x-rays (gl 5249)	(255)	39	14
15	painting reclassed to def maint in '99	2,686	6	15
16	painting reclassed to def maint in '00	1,445	6	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(705,456)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(11,880)	0	0	(2,210)	0	0	0	0	0	0	0	(14,090)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	4,131	0	8,945	0	0	0	(11)	0	0	0	0	13,065	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(7,749)	0	8,945	(2,210)	0	0	(11)	0	0	0	0	(1,025)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(17,649)	(1,035)	0	0	0	0	0	0	(18,684)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(17,649)	(1,035)	0	0	0	0	0	0	(18,684)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,708)	2,900	(901,367)	0	0	0	0	0	0	0	0	(901,175)	19
20	Fees, Subscriptions & Promotions	(18,175)	0	268	0	0	0	0	0	0	0	0	(17,907)	20
21	Clerical & General Office Expenses	0	1,375	25,894	22,846	13,276	0	0	0	0	0	0	63,391	21
22	Employee Benefits & Payroll Taxes	0	0	61,305	0	2,721	0	0	0	0	0	0	64,026	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	11,041	0	0	0	0	0	0	0	0	11,041	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(5,800)	7,671	0	0	0	0	0	0	0	0	0	1,871	26
27	Other (specify):*	(98,882)	0	0	0	0	0	0	0	0	0	0	(98,882)	27
28	**TOTAL General Administration**	(125,565)	11,946	(802,859)	22,846	15,997	0	0	0	0	0	0	(877,635)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(133,314)	11,946	(793,914)	2,987	14,962	0	(11)	0	0	0	0	(897,344)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	2,730	385,978	11,855	0	3,330	0	0	0	0	0	0	403,893	30
31	Amortization of Pre-Op. & Org.	0	3,049	208	0	0	7,323	0	0	0	0	0	10,580	31
32	Interest	(244,231)	917,616	32,540	0	5,084	13,171	0	0	0	0	0	724,180	32
33	Real Estate Taxes	0	469,297	5,864	0	867	0	0	0	0	0	0	476,028	33
34	Rent-Facility & Grounds	0	(2,017,234)	562	0	0	0	0	0	0	0	0	(2,016,672)	34
35	Rent-Equipment & Vehicles	0	0	20,966	0	0	0	0	0	0	0	0	20,966	35
36	Other (specify):*	0	72,411	0	0	0	0	0	0	0	0	0	72,411	36
37	**TOTAL Ownership**	(241,501)	(168,883)	71,995	0	9,281	20,494	0	0	0	0	0	(308,614)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(463,153)	0	0	(44,162)	(102,441)	(171,134)	0	0	0	0	0	(780,890)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(463,153)	0	0	(44,162)	(102,441)	(171,134)	0	0	0	0	0	(780,890)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(837,968)	(156,937)	(721,919)	(41,175)	(78,198)	(150,640)	(11)	0	0	0	0	(1,986,848)	45

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		See pag 6K		See page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Lease Revenue	$ 2,017,234	Orland Associates Limited Partnership		$	$ (2,017,234)	1
2	V	32	Interest Income	194,259	Orland Associates Limited Partnership			(194,259)	2
3	V	32	Misc. Income	5,753	Orland Associates Limited Partnership			(5,753)	3
4	V	19	Audit expense		Orland Associates Limited Partnership		2,900	2,900	4
5	V	21	Misc exp		Orland Associates Limited Partnership		1,375	1,375	5
6	V	33	Real estate tax		Orland Associates Limited Partnership		469,297	469,297	6
7	V	26	Insurance		Orland Associates Limited Partnership		7,671	7,671	7
8	V	32	Interest -Mortgage		Orland Associates Limited Partnership		923,369	923,369	8
9	V	32	Interest - Loan		Orland Associates Limited Partnership		194,259	194,259	9
10	V	36	Mortgage Ins. Prem		Orland Associates Limited Partnership		72,411	72,411	10
11	V	30	Depreciation		Orland Associates Limited Partnership		385,978	385,978	11
12	V	31	Amortization		Orland Associates Limited Partnership		3,049	3,049	12
13	V								13
14	Total			$ 2,217,246			$ 2,060,309	$ * (156,937)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Benefits	$	Alden Management Services, Inc.	0.00%	$ 61,305	$ 61,305	15
16	V	19	Management fees	911,096	Alden Management Services, Inc.		9,729	(901,367)	16
17	V	21	Gen'l & Admin.		Alden Management Services, Inc.		25,894	25,894	17
18	V	6	maintenance/utilities		Alden Management Services, Inc.		8,945	8,945	18
19	V	24	autos/seminars		Alden Management Services, Inc.		11,041	11,041	19
20	V	20	dues/subscriptions		Alden Management Services, Inc.		268	268	20
21	V	30	depreciation		Alden Management Services, Inc.		11,855	11,855	21
22	V	31	amortization		Alden Management Services, Inc.		208	208	22
23	V	33	real estate tax		Alden Management Services, Inc.		5,864	5,864	23
24	V	34	rent		Alden Management Services, Inc.		562	562	24
25	V	35	rent-equipt/vehicles		Alden Management Services, Inc.		20,966	20,966	25
26	V	32	interest		Alden Management Services, Inc.		32,540	32,540	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 911,096			$ 189,177	$ * (721,919)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		2	TUBE FEEDING	$ 8,611	PYRAMID HEALTH CARE SERVICES	100.00%	$ 6,401	$ (2,210)	15
16	V		10	NURSING SUPPLIES	23,888	PYRAMID HEALTH CARE SERVICES		6,239	(17,649)	16
17	V		39	SUPPLIES / PER DIEM FEES	107,712	PYRAMID HEALTH CARE SERVICES		63,550	(44,162)	17
18	V		21	GENERAL & ADMIN.		PYRAMID HEALTH CARE SERVICES		22,846	22,846	18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 140,211			$ 99,036	$ * (41,175)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 291,058	Forum Extended Care II	100.00%	$ 228,065	$ (62,993)	15
16	V	10	house stock	4,781	Forum Extended Care II		3,746	(1,035)	16
17	V	39	iv	182,268	Forum Extended Care II		142,820	(39,448)	17
18	V	22	fringe benefits		Forum Extended Care II		2,721	2,721	18
19	V	21	gen'l admin		Forum Extended Care II		13,276	13,276	19
20	V	32	interest		Forum Extended Care II		5,084	5,084	20
21	V	33	real estate tax		Forum Extended Care II		867	867	21
22	V	30	depreciation		Forum Extended Care II		3,330	3,330	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 478,107			$ 399,909	$ * (78,198)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	CPT REVENUES	$ 831,952	COMMUNITY PHYSICAL THERAPY	100.00%	$ 660,818	$ (171,134)	15
16	V	31	AMORTIZATION		COMMUNITY PHYSICAL THERAPY		7,323	7,323	16
17	V	32	INTEREST		COMMUNITY PHYSICAL THERAPY		13,171	13,171	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 831,952			$ 681,312	$ * (150,640)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	maintenance repairs	$ 1,833	Alden Bennett Construction	100.00%	$ 1,822	$ (11)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,833			$ 1,822	$ * (11)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Orland Park Rehab & Health Care C # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	340,124	2.97	4.95	salary	$ 17,701	21-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	177,026	1.98	4.95	salary	3,963	21-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	69,563	1.98	4.95	salary	3,620	21-1	3
4	Joan Carl d.	Secretary	Vice-President	0.00	172,036	2.97	4.95	salary	8,953	21-1	4
5	see others attached on page 24			0.00	532,117	5.94	4.95	salary	27,693	21-1	5
6								salary			6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	$ 61,930		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		see page 8a…				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Orland Park Rehab & Health Care Ce # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Prudential		x	Mortgage	$82,085.20	1/1/98	$ 12,105,000	$ 11,885,962	6/30/37	0.0775	$ 923,369	1
2	Prudential		x	Operations	$16,234.23	12/00	2,563,300	2,549,745	5/1/37	0.0760	194,259	2
3												3
4												4
5												5
	Working Capital											
6	RELATED PARTY - CPT	X		OPERATIONS	NONE					VARIES	13,171	6
7	Related party - AMS/FECII	X		OPERATIONS	NONE					VARIES	37,624	7
8												8
9	TOTAL Facility Related				$98,319.43		$ 14,668,300	$ 14,435,707			$ 1,168,423	9
	B. Non-Facility Related*											
10	back out interest income on Corp										(863)	10
11	back out interest income on Assoc.										(200,012)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (200,875)	14
15	TOTALS (line 9+line14)						$ 14,668,300	$ 14,435,707			$ 967,548	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center **#** 0042192 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 253,500	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 355,797	2
3. Under or (over) accrual (line 2 minus line 1).		$ 102,297	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 367,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 469,297	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1996	N/A	8
1997	127,000	9
1998	132,526	10
1999	241,106	11
2000	355,797	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Orland Park Rehab & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	27-21-401-003-0000	Nursing home facillity	$ 355,797.07	$ 355,797.07
2.		Related party - Alden Management	$ 118,551.00	$ 5,864.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 474,348.07	$ 361,661.07

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing home	350,871	1997	$ 584,920	1
2					2
3	TOTALS	350,871		$ 584,920	3

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	$ 18,359	$	22	$	$	$ 18,359	4
5											5
6	200		1998	1997	12,679,210	314,835	40	316,980	2,145	1,266,439	6
7											7
8											8
	Improvement Type**										
9	Related Party-Forum:										9
10	Leasehold Improvement-Remodeling			1980	19,335		20			19,335	10
11	Leasehold Improvement-Remodeling			1980	1,208		10			1,208	11
12	Leasehold Improvement-Remodeling			1986	645		5			645	12
13	Leasehold Improvement-Remodeling			1990	404		5			404	13
14	Leasehold Improvement-Remodeling			1991	94		5			94	14
15	Leasehold Improvement-Remodeling			1993	8,304	830	10	830		7,474	15
16	Leasehold Improvement-Remodeling			1993	6,504	671	9.7	671		6,035	16
17	Leasehold Improvement-sign			1994	261	22	12	22		174	17
18	Leasehold Improvement-dryvit			1995	443	44	10	44		310	18
19	Leasehold Improvement-new ac			1999	723	48	15	48		145	19
20	Leasehold Improvement-roof			1985	972	51	19	51		870	20
21	Leasehold Improvement-roof			1994	863	58	15	58		460	21
22	Leasehold Improvement-roof			1997	819	55	15	55		273	22
23	Leasehold Improvement-roof			1998	1,390	93	15	93		371	23
24	Leasehold Improvement-parking lot asphalt			2000	111	11	10	11		22	24
25	Leasehold Improvement-hallway lighting			2001	155	16	10	16		16	25
26	Leasehold Improvement-DAI			2001	195	19	10	19		19	26
27											27
28	Related Party-AMS:										28
29	Leasehold Improvement-Remodeling			1993	4,266		7			4,266	29
30	Leasehold Improvement-Remodeling			1994	2,112	64	7	64		2,112	30
31											31
32	Related Party-FECII:			1999	13,599	722	5	722		1,043	32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	RUN CABLE TO BUILDING/INSTALL 6 OUTLETS	1998	$ 2,975	$ 298	10	$ 298	$	$ 1,116	37
38	RELOCATION OF OUTLETS & POWER CIRCUIT	1998	1,648	165	10	165		645	38
39	INSTALL 6 WALL JACKS	1998	2,158	432	5	432		1,726	39
40	INSTALL CABLE	1998	4,446	445	10	445		1,778	40
41	REPLACE SPRINKLER HEADS	1998	6,236	624	10	624		2,235	41
42	INSTALL WALL PLATES	1998	4,608	922	5	922		3,302	42
43	Climate Service(boiler maintenance)	1999	14,529	726	20	726		2,179	43
44	Directional Boring(sprinkler system)	1999	5,400	360	15	360		1,020	44
45	Chicago Cooling(a/c unit repair)	1999	2,070	138	15	138		356	45
46	Church Landscape(floating swan island)	1999	3,400	680	5	680		1,643	46
47	Church Landscape(floating swan island)	1999	2,000	400	5	400		967	47
48	Watermangement(compressor)	1999	2,625	175	15	175		423	48
49	New Horizons Communications (light telephone sys)	2000	9,767	977	10	977		1,953	49
50	New Horizons Communications (light telephone sys)	2000	7,765	777	10	777		1,553	50
51	System Electric (wiring)	2000	1,384	69	20	69		138	51
52	Climate Services (pipe)	2000	1,674	84	20	84		167	52
53	Climate Services (pipe)	2000	1,689	84	20	84		169	53
54	Climate Services (pipe)	2000	1,684	84	20	84		168	54
55	Climate Services (pipe)	2000	2,376	119	20	119		238	55
56	GT Mechanical (heating/compressor repair)	2000	5,079	508	10	508		1,016	56
57	New Horizons Communications (light telephone sys)	2000	7,765	777	10	777		1,553	57
58	Alden Bennett Cons (time and billning material)	2000	2,073	207	10	207		276	58
59	Alden Bennett Cons (time and billning material)	2000	2,798	280	10	280		303	59
60	New Horizons Comm. (phone insall)	2000	4,437	444	10	444		887	60
61	Fox Valley Fire & Safety (sprinkler system)	2000	2,290	153	15	153		178	61
62	Alden Bennett Construction (time and material)	2000	2,915	292	10	292		316	62
63	Capps Plumbing (srvc/repair pump)	2001	1,977	99	15	99		99	63
64	Alden Bennett Construction (paving)	2001	9,328	52	15	52		52	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 12,877,066	$ 327,906		$ 330,051	$ 2,145	$ 1,356,533	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,232,727	$ 96,976	$ 96,976	$		$ 353,945	71
72	Current Year Purchases	42,011	2,144	2,144			2,144	72
73	Fully Depreciated Assets	30,943	715	715			30,943	73
74								74
75	TOTALS	$ 1,305,681	$ 99,835	$ 99,835	$		$ 387,031	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	various	van/bus	1998-2000	$ 11,938	$ 3,797	$ 3,797	$	3	$ 6,200	76
77	various	bus	2000	49,826	9,965	9,965		5	13,287	77
78										78
79										79
80	TOTALS			$ 61,764	$ 13,762	$ 13,762	$		$ 19,487	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 14,829,431	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 441,504	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 443,648	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,763,051	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party (Orland Assoc.)

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [x] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$
13.	/2003	$
14.	/2004	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ 11,961 Description: copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

SKILLED NURSING ON-SITE

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 391,004	$		$ 391,004	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			45,107			45,107	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			385,981			385,981	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	SEE PG 16A…	# of prescrpts				116,101		116,101	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	SEE PG 16A…					141,302		141,302	13
14	TOTAL			$		$ 822,093	$ 257,403		$ 1,079,495	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center **#** 0042192 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2001 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 632,655	$ 855,950	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 170,000)	1,454,267	1,474,065	3
4	Supply Inventory (priced at)	51,676	51,676	4
5	Short-Term Investments			5
6	Prepaid Insurance	3,894	43,238	6
7	Other Prepaid Expenses		321,670	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): resident funds,net of liab.	2,603	4,245	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,145,095	$ 2,750,844	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable		2,529,947	11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	136,259	136,259	15
16	Equipment, at Historical Cost	209,436	1,276,566	16
17	Accumulated Depreciation (book methods)	(103,235)	(1,648,176)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe rent recvbl'		598,680	22
23	Other(specify): due from affiliates/fin.fees	53,138	141,188	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 295,598	$ 16,212,802	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,440,693	$ 18,963,646	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 602,328	$ 602,328	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,019,798	1,019,798	29
30	Accrued Salaries Payable	280,072	280,072	30
31	Accrued Taxes Payable (excluding real estate taxes)	53,225	53,225	31
32	Accrued Real Estate Taxes(Sch.IX-B)		367,000	32
33	Accrued Interest Payable		92,912	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	resident credits/accrued insur	16,062	18,018	36
37	accrued insur/due to state of Il.	138,115	138,115	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,109,600	$ 2,571,468	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,604,147	5,153,892	39
40	Mortgage Payable		11,885,962	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	intercompany payable			43
44	due to affiliates	1,291,105	1,323,582	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 3,895,252	$ 18,363,436	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,004,852	$ 20,934,904	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (3,564,159)	$ (1,971,258)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,440,693	$ 18,963,646	48

***(See instructions.)**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (3,704,838)	1
2	Restatements (describe):		2
3	**External auditor's adjustments made after 2000 cost**		3
4	**report was submitted. These adj's have no effect on costs**		4
5	**(bad debt expense-non-allowable, and medicare revenue).**	(311,352)	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (4,016,190)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	452,031	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 452,031	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (3,564,159)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,664,428	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,664,428	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	45,574	6
7	Oxygen	3,820	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 49,394	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,531	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	5,180	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,846	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	474,300	21
22	Laundry	6,960	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 490,817	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,502	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 3,502	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,208,141	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,835,245	31
32	Health Care	2,626,840	32
33	General Administration	1,989,261	33
	B. Capital Expense		
34	Ownership	2,312,318	34
	C. Ancillary Expense		
35	Special Cost Centers	1,882,946	35
36	Provider Participation Fee	109,500	36
	D. Other Expenses (specify):		
37	will not reconcile due to related party input to pg 3 & 4		37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,756,110	40
41	**Income before Income Taxes (line 30 minus line 40)****	452,031	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 452,031	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,544	1,787	$ 71,941	$ 40.26	1
2	Assistant Director of Nursing	309	317	23,173	73.10	2
3	Registered Nurses	27,947	30,124	658,499	21.86	3
4	Licensed Practical Nurses	23,300	24,802	515,475	20.78	4
5	Nurse Aides & Orderlies	86,942	91,336	930,879	10.19	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,807	1,957	32,358	16.53	8
9	Activity Director	1,992	2,080	55,232	26.55	9
10	Activity Assistants	5,514	5,758	50,348	8.74	10
11	Social Service Workers	2,672	2,744	50,682	18.47	11
12	Dietician					12
13	Food Service Supervisor	3,293	3,629	81,800	22.54	13
14	Head Cook					14
15	Cook Helpers/Assistants	52,371	54,797	481,936	8.79	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,080	50,029	24.05	17
18	Housekeepers	23,061	24,500	218,209	8.91	18
19	Laundry	8,190	8,852	81,586	9.22	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	480	520	13,750	26.44	23
24	Clerical	7,226	7,965	150,473	18.89	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	762	786	41,636	52.97	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,423	3,671	41,582	11.33	31
32	Other Health C: Clinical Support	333	365	24,397	66.84	32
33	Other(specify) Personnel	1,888	2,080	33,138	15.93	33
34	TOTAL (lines 1 - 33)	255,014	270,150	$ 3,607,123 *	$ 13.35	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	monthly	22,800	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,800	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	34	1,772	11-3	44
45	Social Service Consultant				45
46	Other(specify) alzh. Consult.	1	31	12-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	35	$ 29,403		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	N/A	$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
R Agpasa	administrator	0	$ 3,741
various executive mngrs	executive mngr	0	57,348
Andomiadis	administrator	0	24,286
D Dalicandro	administrator	0	3,340
Dipaolo	administrator	0	6,798
R Glantz/Kedrowski($80,299)	administrator	0	81,430
Palazzo(3688)/Weber(3296)	administrator	0	6,984
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 183,926

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$

(Attach a copy of any management service agreement)

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	MNGT. FEE & Marketing	$ 913,804
Blackman Kallick	ACCT. FEES	5,700
Medi Com	Software consultant	252
Misc. Prof Fees	Prof fees	491
Ken Fisch	Legal Fees	4,860
Barry Greenburg	Legal Fees	2,275
Janet Herman	Legal Fees	788
U.S. Gas	Utility consultant	1,800
Alden Design	Desing fees	57
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 930,026

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 51,212
Unemployment Compensation Insurance	13,287
FICA Taxes	296,172
Employee Health Insurance	60,386
Employee Meals	24,313
Illinois Municipal Retirement Fund (IMRF)*	
Union health & welfare	82,392
Dental / Life insurance	2,005
Employee relations / employee vaccination	5,034
Payroll misc / 401 K match / tuition reimb	5,397
Pension	24,900
related party-ams	64,026
TOTAL (agree to Schedule V, line 22, col.8)	$ 629,125

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	2,443
(Indicate # of checks performed 349)	
Village of Orland	2,195
Illinois healthcare association	7,829
Joint Commission	6,938
Misc. Subscriptions/Inspections	3,999
related party-ams	268
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 23,672

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	1,513
Trace ambulence	2,013
Lynn Kadrowsky	449
Seminar Expense	215
Jerry Primozic	100
Lynn Kadrowsky	90
related party-ams	11,041
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 15,421

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Boiler repair	11/98	$ 1,672	3	$ 93	$ 557	$ 557	$ 465	$ 0	$	$	$	$
2	Boiler maintenance/aj	2/99	2,073	3		633	691	691	58	0			
3	Heating repairs	12/99	1,797	3		50	599	599	549	0			
4	painting>$1,500 - 1999	7/99	8,058	3		1,343	2,686	2,686	1,343	0			
5	A W S DUSTRUBUTING	2/00	3,093	3			1,031	1,031	1,031	0			
6	CLIMATE SERVICES (I	2/00	1,636	3			545	545	546	0			
7	GT MECHANICAL (sum	6/00	1,863	3			621	621	621	0			
8	CAPPS PLUMBING (four	3/00	2,781	3			773	927	927	154	0		
9	CAPPS PLUMBING (clea	3/00	1,460	3			406	487	487	80	0		
10	D.B.S CONTRACTING (r	7/00	2,790	3			930	930	930	0			
11	painting>$1,500 -yr 2000	7/00	4,336	3			723	1,445	1,445	723	0		
12	no new additions in '01												
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 31,558		$ 93	$ 2,584	$ 9,561	$ 10,427	$ 7,937	$ 957	$	$	$

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center **#** 0042192 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Illinois health care assoc. $7829**

(3) Did the nursing home make political contributions or payments to a political action organization? **YES** If YES, have these costs been properly adjusted out of the cost report? **YES**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **8 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **6,889** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **109,500**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **24,313** Has any meal income been offset against related costs? **NO** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Friduss, Lukee, & Schiff** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **no** If no, please explain. **not yet complete**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

Facility Name & ID Number Alden Orland Park Rehab & Health Care Center # 0042192 Report Period Begin. 01/01/2001 Ending: 12/31/2001

XX. GENERAL INFORMATION:

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
	see others attached on page 24				532,117.00	5.94	4.95	salary	27,693	21-1	
	Summary…										
	Ami Pissetzki	investor relations	invest/bank		195,213.25	1.98	4.95	salary	10159.32	21-1	
	Bob Molitor	Vp of Operations	operations		186,372.52	1.98	4.95	salary	9699.23	21-1	
	Mary Chelotti Smith	In-house counsel	legal advis.		150,531.59	1.98	4.95	salary	7833.99	21-1	